

## INFORMATION DATA SHEET

### Application Information

Application Type:: Regular  
Subject Matter:: Utility  
Title:: QUANTITATIVE PULMONARY IMAGING  
Attorney Docket Number:: 22253-70649  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Total Drawing Sheets: 4  
Small Entity?: No  
Petition Included?: No  
Licensed US Govt. Agency:: National Institutes of Health  
Contract or Grant Numbers One:: K23 HL04486  
Contract or Grant Numbers Two:: RR02305  
Contract or Grant Numbers Three:: R01-HL-64741  
  
Secrecy Order in Parent Appl.?: No

### Inventor Information

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: James  
Middle Name::  
Family Name:: BAUMGARDNER  
Name Suffix::  
Postal Address Line One:: 131 Milmont Avenue  
City:: Milmont Park  
State or Province:: Pennsylvania  
Country:: US  
Postal or Zip Code:: 19033  
Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name::  
Family Name:: LIPSON  
Name Suffix::  
Postal Address Line One:: 945 Cloverhill Road  
City:: Wynnewood  
State or Province:: Pennsylvania  
Country:: US  
Postal or Zip Code:: 19096

Inventor Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Rahim
Middle Name::	
Family Name::	RIZI
Name Suffix::	
Postal Address Line One::	P.O. Box 980
City::	Montgomeryville
State or Province::	Pennsylvania
Country::	US
Postal or Zip Code::	18936
Inventor Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	David
Middle Name::	
Family Name::	ROBERTS
Name Suffix::	
Postal Address Line One::	417 Yorkshire Way
City::	Rosemont
State or Province::	Pennsylvania
Country::	US
Postal or Zip Code::	19010
Inventor Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Mitchell
Middle Name::	
Family Name::	SCHNALL
Name Suffix::	
Postal Address Line One::	6 Michaels Way
City::	Broomall
State or Province::	Pennsylvania
Country::	US
Postal or Zip Code::	19008

## Correspondence Information

Correspondence Customer Number::

Firm Name:: DILWORTH PAXSON LLP  
Street:: 1735 Market Street  
City:: Philadelphia  
State or Province:: Pennsylvania  
Country:: US  
Postal or Zip Code:: 19103  
Telephone No. (215) 575-7000  
Facsimile No. (215) 575-7200

## Representative Information

Designation::	Registration No::	Name::
Primary	35,279	Evelyn H. McConathy
Associate		

## Domestic priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	NonProvisional of	60/267,282	02/08/2001

## Prior Foreign Applications

### Foreign Application One::

Filing Date::  
Country::  
Priority Claimed::

## Assignee information

Assignee name:: The Trustees of the University of  
Pennsylvania  
Street:: 3700 Market Street—Suite 300  
City:: Philadelphia  
State or Province:: Pennsylvania  
Country:: US  
Postal or Zip Code:: 19104